

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09433

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
 City or town Near Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 Hours.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany
 City or town Lonaconing, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Elmer Cameron, Sr.

3. (b) Social Security Number

214-05-4506

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Pearl Myers (Cameron)
 6.(c) If alive, give age 35 years
 7. Birth data of deceased (mo., day, yr.) March 1st, 1908
 8. AGE: Years 40 Months 6 Days 14 If less than one day
 hrs. min.

9. Birthplace Lonaconing, Md.
 (Town, county, and state)
 10. Usual occupation Celanese Worker.
 11. Industry or business Celanese Plant
 12. Name James Cameron.
 13. Birthplace Lonaconing, Md.
 14. Maiden name ? Wiland.
 15. Birthplace Lonaconing, Md.

18. Informant James Cameron, Jr.
 Address Lonaconing, Md.

17. Burial Sept. 18/48
 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Oak Hill Cemetery.
 Location Lonaconing, Maryland.

18. Funeral director Emory Baldwin
 Address Oakland Md
 19. 9/15/48 19 48 Julius A. Hovan
 (Date rec'd by registrar) Registrar

(MEDICAL CERTIFICATION)

20. DATE OF DEATH September 15, 1948 at 9:45 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
summed after death
 and that I last saw him alive on 19

Immediate cause of death Coronary Occlusion
 DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. J. Baumgardner Sept. 18/48
Oakland Md M. D. or otherAddress Date signed 9/15/48

RECEIVED
SEP 28 1948
BUREAU V. S.

To complete self-portrait
The Edition of all possible plans
family history
please

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH:

County... *Garrett*
 City or town... *Route 2 Frostburg*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Solomon Ira Caton

3. (b) Social Security Number

212-10-9264

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Jessie Caton

7. Birth date of deceased (mo., day, yr.)

*January 5, 1896*6. (c) If alive, give age... *53* years

8. AGE:

Years

Months

Days

If less than one day

*52**8**15*

hrs.

min.

9. Birthplace

Pocahontas, Greenville, Pa.
(Town, county, and state)

10. Usual occupation

Miner

11. Industry or business

Fire clay mines

MOTHER FATHER

12. Name

George Caton

13. Birthplace

Pennsylvania

14. Maiden name

Nancy Albright

15. Birthplace

Pennsylvania

16. Informant

Mrs. Solomon Caton

Address

Frostburg Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Sept 24, 1948
(month) (day) (year)

Cemetery or crematory

Johnson Cemetery

Location

Route 2 Frostburg Md.

18. Funeral director

J. R. Durat

Address

Frostburg Md.

19. Sept 22 48

(Date rec'd by registrar)

Mr. Julius Michael
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Garrett

City or town

Frostburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Route 2 Box 153

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

September 21, 1948, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*September 20, 1948, to September 21, 1948*and that I last saw him alive on *September 21, 1948*

Immediate cause of death

Coronary thrombosis

DURATION

26 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H.C. Diehl, M.D.

M. D. or other

Address

*Frostburg, Md.*Date signed *9/22/48*

RECEIVED

SEP 25 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 108

09435

166

1. PLACE OF DEATH:

County Garrett
 City or town Crellin
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Crellin
 (If outside city or town limits, write RURAL and give nearest town)

Street No. -----
 (If rural, give LOCATION)

2. (a) If veteran, name war -----

3. (a) FULL NAME

Clintis William Dumire Jr.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife -----

7. Birth date of deceased (mo., day, yr.) September 22, 1942 6. (c) If alive, give age ----- years

8. AGE: Years 5 Months 11 Days 15 If less than one day ----- hrs. ----- min.

9. Birthplace Garrett Co., Md.
 (Town, county, and state)

10. Usual occupation none

11. Industry or business none

12. Name Clintis W. Dumire

13. Birthplace Tucker Co., W. Va.

14. Maiden name Helen Paugh

15. Birthplace Garrett Co., Md.

16. Informant Clintis W. Dumire

Address Crellin, Md.

17. Bubial Date thereof Sept. 8, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evans Cemetery

Location Shaffer, W. Va.; Tucker Co.

18. Funeral director Herbert C. Leighton

Address Oakland, Maryland.

19. 9-87 19 48 Julia G. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6, 1948 at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from examined after death 19 48

and that I last saw him alive on ----- 19 48

Immediate cause of death Confluent Lobar Pneumonia DURATION

Due to -----

Due to -----

Other conditions Pneumonia
Sublethal Empyema
 (Include pregnancy within 6 months of death)

Major findings of operations -----

Autopsy results Confluent Lobar Pneumonia

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work?

23. SIGNATURE E. J. Bannister M.D. M. D. or other

Address Oakland, Md. Date signed 9/6/48

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SEP 21 1948
BUREAU U. S.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09436

1. PLACE OF DEATH

County GarrettVillage or City Mt. Lake ParkRegistration Dist. No. 166No. Kiser Nursing HomeSt. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds.How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Augustus Burigaid HarveyIf U.S. Veteran specify WAR no(a) Residence: No. Walnut Bottom, Garrett Co., Md.Ward. S.S. No. None

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
|-----------------------|----------------------------------|--|

5e. If married, widowed, or divorced
HUSBAND of Ellen Bleaks Aosbon
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 19, 1868

| | | | | |
|---------------------|-------------------|---------------------|-------------------|--|
| 7. AGE <u>80</u> | Years <u>4</u> | Months <u>10</u> | Days <u>10</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|---------------------|-------------------|---------------------|-------------------|--|

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>miner</u> |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Coal Mines</u> |
| | 10. Date deceased last worked at this occupation (month and year) <u>25 Yrs.</u> |

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Walnut Bottom
Garrett Co., Md.13. NAME Meshae Harvey14. BIRTHPLACE (city or town)
(State or country) Walnut Bottom
Garrett Co., Md.15. MAIDEN NAME Eliza Turner
Garrett Co.,16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Mrs. Beulah Herman
(Address) Luke, Md.18. ~~BIRTH~~ CREMATION, OR REMOVAL Walnut Bottom
Place Harvey Co., Md. Date Oct. 2, 194819. UNDERTAKER Otha F. Sharpless
(Address) Blaine, W. Va.20. FILED 10/1/48 1948 Julius A. Rawan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 29 48
(Month) (Day) (Year)22. I HEREBY CERTIFY that I attended deceased from January 1st to 9-29-48, 1948I last saw him alive on 9-28-48, 1948; death is said to have occurred on the date stated above, at 12:20 P.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Nephritis, and Chronic Bronchitis
and Miners Asthma for years
General Debility

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1948Where did injury occur? _____
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Julius A. Rawan M. D.
(Address) Oakland, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i> | <i>1915</i> |
| <i>Chronic interstitial nephritis</i> | <i>1921</i> |
| <i>Cerebral hemorrhage</i> | <i>July 5, 1927</i> |

Other contributory causes of importance:

| | |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i> | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i> | <i>3 days ago</i> |

Other contributory causes of importance:

| | |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
County Garrett
City or town Crellin, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Crellin, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Virginia May Harvey.

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single.
B. (b) Name of husband or wife
B. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 22d, 1881.
8. AGE: Years Months Days If less than one day
67 5 6 hrs. min.

9. Birthplace Garrett County.
(Town, county, and state)
10. Usual occupation House wife.
11. Industry or business
MOTHER FATHER
12. Name Jeramiah Harvey.
13. Birthplace Garrett County.
14. Maiden name Sarah M. Abernathy.
15. Birthplace Garrett County.
16. Informant Issac G. Harvey.
Address Crellin, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof October 1/48
(month) (day) (year)
Cemetery or crematory Fairview Cemetery.
Location Near Table Rock, Md.
18. Funeral director Eusey D. Bolden
Address Oakland, Md.
9/30/1948
19. (Date rec'd by registrar) 19. 8/21/48 John A. Bowen Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28, 1948 at 6:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1st 1947 to Sept 28 1948
and that I last saw him alive on Sept 27 1948

Immediate cause of death Apoplexia

DURATION

10 daysDue to arterio-sclerosisDue to senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

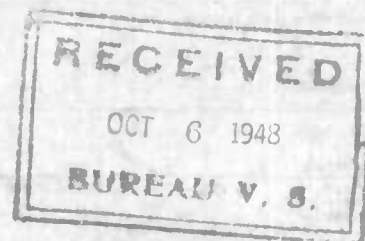
Accident, suicide, or homicide, Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE St. Wenzel MD M. D. or otherAddress Oakland Date signed 9-29-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Miss Bertha Cecilia Helbig.

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single.
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) February 14th, 1878.
 8. AGE: Years 70 Months 7 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Oakland, Maryland.
 (Town, county, and state)
 10. Usual occupation Retired Clerk.
 11. Industry or business _____
 12. Name John Helbig.
 13. Birthplace Germany.
 14. Maiden name Mary Brinkman.
 15. Birthplace Germany.

16. Informant Edward W. Helbig.
 Address Oakland, Maryland.
 17. Burial Burial Date thereof Sept. 22/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Peters Cemetery.
 Location Oakland, Maryland.

18. Funeral director Emory D. Bolden.
 Address Oakland, Md.
 19. Sept 22, 1948 Julius A. Bowen
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

A.M.20. DATE OF DEATH September 20th 19 48, at 11:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19 19 45, to Sept. 19 19 48
 and that I last saw her alive on 19 Sept 19 48

Immediate cause of death Bronchitis pneumonia. DURATION 3 days
Left heart failure 6 mos.
Hypertensive Heart Disease 10 yrs.

Due to Cerebral Hemorrhage & Left Heart Failure
 Due to Hypertensive Heart Disease
 Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE J.S. Mame M.D. or other _____
 Address Oakland Md Date signed 20 Sept 48

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

SEP 28 1948

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SEP 28 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 09439 766

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Etta May Arnold Helbig.

3. (b) Social Security Number

None.

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
 B. (b) Name of husband or wife Harry Helbig.
Deceased. B. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) January 5th, 1865.
 8. AGE: Year 83 Month 8 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Oakland, Md., Garrett County.
 (Town, county, and state)

10. Usual occupation House wife.

11. Industry or business

MOTHER FATHER
 12. Name David Arnold.
 13. Birthplace England.
 14. Maiden name Elizabeth Martin.
 15. Birthplace Germany.

18. Informant Mrs. Evelyn Teets.
 Address Oakland, Maryland.

17. Burial Burial Date thereof Oct. 2d, /48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Peters Cemetery.
 Location Oakland, Maryland.

18. Funeral director Emory W. Bolden
 Address Baltimore, Md.

19. Date rec'd by registrar Oct 3, 1948 Registrar Julia A. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH September 30, 1948 of 100 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1947 to Sept 1948
 and that I last saw h. or alive on Aug 15, 1948

Immediate cause of death Chronic Myocarditis DURATION _____

Due to _____

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE Edmund J. Bolden M. D. or other _____

Address Oakland, Md. Date signed 10/1/48

Dr. Arthur L. Zwa
Head for signature

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OCT 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 09440

1. PLACE OF DEATH:

County Garrett
 City or town Deep Creek Lake, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Paul McCrobie.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Emma C. McCrobie.

7. Birth date of

deceased (mo., day, yr.)

June 20th, 1915.6. (c) If alive, give age 27 years

8. AGE:

Years

Months

Days

If less than one day

33215

hrs.

min.

9. Birthplace

Sa. Hoyes, Maryland.

(Town, county, and state)

10. Usual occupation

Laborer.

11. Industry or business

FATHER

12. Name

Samuel R. McCrobie.

13. Birthplace

Garrett County.

MOTHER

14. Maiden name

Rosie May DeWitt.

15. Birthplace

Sang Run, Md.

16. Informant

Mrs. Emma C. McCrobie.

Address

Friendsville, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereon

Sept. 8th/48
(month) (day) (year)

Cemetery or crematory

Oak Grove Cemetery.

Location

Near McHenry, Md.

18. Funeral director

Address

Emory D. Bolden,
Oakland, Maryland.

19.

(Date rec'd by registrar)

9/8/48Julia E. Korman
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland, County GarrettCity or town
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war World War #2

3. (b) Social Security Number

218-16-4984

MEDICAL CERTIFICATION

Noon

20. DATE OF DEATH September 5th, 1948 at 12:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Examined after deathand that I last saw him alive on 19

Immediate cause of death

Accidental Drowning

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9/5/48Where did injury occur? near McHenry, Garrett
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Deep Creek Lake

Means of injury

Drowning

Injured at work?

no

23. SIGNATURE

E. J. Brumgar
M. D. or other

Address

Oakland, Md.

Date signed

9/6/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Bert Millison Welch.

3. (b) Social Security Number

236-12-4847

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Alice Soelters Welch.
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) December 11th, 1891.
 8. AGE: Years 56 Months 3 Days 16 If less than one day
 hrs. min.

9. Birthplace Sunnyside, Md.
 (Town, county, and state)
 10. Usual occupation Candy Salesman.
 11. Industry or business Wholesale Business.
 FATHER 12. Name William Porter Welch.
 13. Birthplace West Virginia, Hampshire Co.
 MOTHER 14. Maiden name Sophia Almedia Stahl.
 15. Birthplace Garrett County.

16. Informant Walter N. Welch.
 Address Oakland, Maryland.
 17. Burial Date thereof Sept. 30/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oakland Cemetery.
Oakland, Maryland.
 Location

18. Funeral director Emory D. Bolden.
 Address Oakland, Md.
9/30/48 19. Julia J. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH September 27th, 1948 at 10:35 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 29 1948 to September 27 1948
 and that I last saw him alive on September 27 1948

Immediate cause of death Pneumonia
 DURATION 3 days

Due to Hypertension / Heart Disease 10 yrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. N. Welch M. D. or other

Address Oakland, Md. Date signed 28 Sept 48

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OCT 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09442

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Garrett - Friendsville Md
 City or town Cranesville, W.Va. Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Garrett
 City or town Cranesville, W.Va. Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Friendsville Md
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Isaac Clayton Wolfe

3.(b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Elma Wolfe

7. Birth date of deceased (mo., day, yr.)

May 28, 1877

6.(c) If alive, give age

74

years

8. AGE:

Years

Months

Days

If less than one day

71

3

7

hrs.

min.

9. Birthplace

Cranesville, W.Va.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Josiah Wolfe

13. Birthplace

Cranesville, W.Va.

MOTHER

14. Maiden name

Susan Frazee

15. Birthplace

Friendsville, Md.

16. Informant

Wayne Wolfe

Address

Werra Alta, W.Va.

17.

Burial

Date thereof

Sept. 8, 48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Cranesville,

Location

Cranesville, W.Va.

18. Funeral director

A. F. Calmus

Address

Werra Alta, W.Va.

19.

9/8/48

19.

48 Julius A. Rowan

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept. 5

1948

at 8.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 5

1948

to Sept 5

1948

and that I last saw him alive on

Sept 5

1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 days

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. J. Baunier M.D.

M. D. or other

Address

Date signed 8/7/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09443

Reg. Dist. No. 171

1. PLACE OF DEATH:

County Garett
 City or town Rural Jennings
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garett
 City or town Rural Jennings
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Ellen Zimmerman

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) June 9, 1936
 8. AGE: Years 12 Months 2 Days 23 If less than one day
 hrs. min.

9. Birthplace Rural Jennings, Garrett Co., Md
(Town, county, and state)10. Usual occupation School Girl

11. Industry or business

12. Name Hobert Zimmerman
13. Birthplace Not Known14. Maiden name Martha Wilt
15. Birthplace Rural Jennings16. Informant Mrs Nelson Wilt
Address Jennings Md17. Burial Bittinger Date thereof 9-3-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bittinger Md
Location18. Funeral director Wm Wintrobe
Address Grantsville Md19. Sept 2 19 48 J.B. Emory
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 19 48 at 8:30 a. m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 19 48 to Sept 1 19 48 and that I last saw her dead on Sept 1 19 48Immediate cause of death Brain tumor of 4th Ventricle

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (city or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Benedict Skitarelic MD M. D. or otherAddress R² Cumberland Date signed 9/1/48

RECEIVED

SEP 6 1948

BUREAU V. S.